APPLICATION FOR THE EXECUTIVE SAFETY ADVISORY COMMITTEE (ESAC) SAFETY AWARD

Cabinet/Depar	tment/Divisi	on:		
Address:			State	
	Street	City	State	Zip
Contact Person	n:			
E-mail Addres	s:			
Phone:		Number of E	imployees as of	January 1:
Hours worked	without expe	eriencing lost tin	ne:	
Date of last los	st time incide	ent:		
OSHA Form 3	00A summa	ry attached:		-
Submitted by		Title		date

Submit complete application and attachments to:

Personnel Cabinet State Safety Program Attn: Dana Harvey 501 High Street, 3rd Floor Frankfort, KY 40601 dana.harvey@ky.gov